



Office of Budget
and Management

Payment Request Form - Version 6.0

Supplier / Single Pay Information		Voucher Information	
Supplier Name	EXAMPLE INVOICE	Business Unit	OBM01
Addt Name	ADDT NAME	Origin Code	C41
Country	COUNTRY	Supplier ID	0000012345
Address 1	123 FAKE STREET	Location	EFT
Address 2	2ND FLOOR	Address	1
Address 3	ADDRESS	Handling	RE
City	COLUMBUS	Pay Terms	DUE NOW
County	FRANKLIN	Invoice #	EXAMPLE-1
Postal	41234	Invoice Date	05/01/22
State	OH	Invoice Received	05/01/22
		Last Receipt Date	05/01/22
		Invoice Amount	\$ 100.00
		Payment Message	TEST

Coding Information							
	PO #	SpeedChart	Line	Dist Line	Amount	Serv Loc	Grant/Project
1	PO00012345		1	1	\$ 100.00	C00089	OBMGRANT
2							
3							
4							
5							
6							

Invoice Details / Backup Information
TEST INFORMATION

Approved By:	Contact #:	Email:
Bryon Moore	6141234567	bryon.moore@obm.ohio.gov